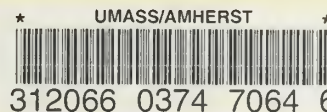


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# AIDS NEWSLETTER

a monthly publication from the

Massachusetts Department of Public Health/Boston Department of Health and Hospitals

Vol. 4

January, 1988

No. 1

## UPDATE

Sixty-one AIDS cases were reported for the month of December. This atypically large monthly case total can be attributed to two factors: 1) 9 (15%) of the 61 cases were discovered through retrospective chart review and are cases that were diagnosed before May 1987, 2) 13 (21%) of the 61 cases meet only the revised definition for AIDS. A monthly total of more than 60 cases has been seen only once before December. In October, the inclusion of 38 new and retrospective cases fulfilling the expanded case definition had brought the monthly total to 63.

### REPORTED AIDS CASES ACCORDING TO INSTITUTION AND YEAR

Institution	Cumulative Case Reports			
	as of 12/31/86		as of 12/31/87	
	No.	(%)	No.	(%)
Baystate Medical Center	21	(3)	33	(3)
Berkshire Medical Center	3	(0)	8	(1)
Beth Israel Hospital	55	(8)	94	(8)
Boston City Hospital	47	(6)	95	(8)
Brigham & Women's Hospital	45	(6)	86	(7)
Cambridge Hospital	7	(1)	9	(1)
Cape Cod Hospital	4	(1)	9	(1)
Carney Hospital	10	(1)	15	(1)
Charlton Memorial Hospital	5	(1)	11	(1)
Children's Hospital	14	(2)	20	(2)
Faulkner Hospital	4	(1)	8	(1)
Harvard Community Health Plan	22	(3)	41	(3)
Lahey Clinic	21	(3)	27	(2)
Lemuel Shattuck Hospital	4	(1)	28	(2)
Massachusetts General Hospital	113	(16)	167	(13)
Mt. Auburn Hospital	18	(3)	29	(2)
New England Deaconess Hospital	184	(25)	261	(21)
New England Medical Center	33	(5)	47	(4)
Newton-Wellesley Hospital	4	(1)	8	(1)
St. Elizabeth's Hospital	3	(0)	14	(1)
St. Luke's Hospital	2	(0)	11	(1)
University Hospital	21	(3)	32	(3)
Univ. of Mass. Medical Center	4	(1)	16	(1)
V.A. Medical Center	19	(3)	26	(2)
Worcester Memorial	7	(1)	9	(1)
Other Boston Hospitals	11	(2)	15	(1)
Other Non-Boston Hospitals	47	(6)	116	(9)
Total	728	(100)	1,235	(100)

### REPORTED AIDS CASES ACCORDING TO COUNTY OF RESIDENCE

Suffolk	535	Hampden	40
Middlesex	180	Bristol	35
Norfolk	68	Berkshire	11
Essex	61	Hampshire	7
Barnstable	58	Nantucket	5
Plymouth	44	Franklin	4
Worcester	42	Dukes	0

Note: One hundred forty-five (12%) of the 1,235 reported cases were not residents of Massachusetts when symptoms first appeared. These patients were subsequently diagnosed and cared for in the Commonwealth.

GOVERNMENT DOCUMENTS  
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# AIDS SURVEILLANCE SUMMARY: STATE AND NATIONAL COMPARISONS

Total Cases as of 12/31/87		Massachusetts (1,235)*		United States (49,743)	
		No.	(%)	No.	(%)
<b>Residence</b>					
City of Boston		516	(42)		
**Remainder SMSA		286	(23)		
Remainder State		288	(23)		
Subtotal	1090				
Out-of-State		145	(12)		
<b>Transmission Categories (Adult Cases)</b>		1,208		49,006	
Homosexual/Bisexual Male		804	(67)	31,825	(65)
I.V. Drug User		177	(15)	8,411	(17)
Homosexual Male and I.V. Drug User		53	(4)	3,689	(8)
Hemophilia		13	(1)	484	(1)
Heterosexual Cases***		96	(8)	1,964	(4)
Transfusion Blood/Components		35	(3)	1,124	(2)
None of the above		30	(2)	1,509	(3)
<b>Transmission Categories (Children &lt;13 yrs)</b>		27		737	
Parent with AIDS/or at increased risk for AIDS		20	(74)	566	(77)
Hemophilia		2	(7)	40	(5)
Transfusion, Blood/Components		5	(19)	97	(13)
None of the above		0	(0)	34	(5)
<b>Primary Diagnosis (ordered hierarchically)</b>					
Pneumocystis carinii Pneumonia (PCP)		772	(63)	31,456	(63)
Other Opportunistic Diseases		300	(24)	12,734	(26)
Kaposi's Sarcoma (KS)		163	(13)	5,553	(11)
<b>Sex</b>					
Male		1,118	(91)	45,802	(92)
Female		117	(9)	3,941	(8)
<b>Condition</b>					
Alive		637	(52)	21,834	(44)
Dead		598	(48)	27,909	(56)
<b>Race</b>					
White		887	(72)	29,913	(60)
Black		231	(19)	12,508	(25)
Hispanic		108	(9)	6,864	(14)
Other/Unknown		9	(0)	458	(1)

\* Includes 62 cases meeting the revised case definition.

\*\*Refers to the Standard Metropolitan Statistical Area within Route 495.

\*\*\*Includes 32 persons who have had heterosexual contact with high risk individuals and 64 persons born in countries in which heterosexual transmission is believed to play a major role.

# MASSACHUSETTS AIDS SURVEILLANCE UPDATE - 1987

As of December 31, 1987, 1090 cases of CDC-defined AIDS have been reported among Massachusetts residents. Of the 1090 cumulative cases, 420 were cases diagnosed in 1987. Because of the lag inherent in reports of recent cases, we have come to expect that the last year's total would ultimately be about 15% higher. Thus, the overall total for 1987 is expected to be revised upward to approximately 480.

The incidence of AIDS cases in Massachusetts continues to increase although the rate of increase has slowed. In 1984, 105 AIDS cases were diagnosed; in 1985, 197 cases were diagnosed (an 87% increase) and in 1986, 298 cases were diagnosed (a 51% increase). To date, the percent increase for 1987 compared to 1986 is 41%, but this percentage does not include the anticipated delayed reports. If the annual percentage increase again is approximately 50%, this relatively constant change in the total numbers would not necessarily reflect changes in the mix of cases according to risk factors.

From 1984 through 1986, the relative proportion of AIDS cases among most patient groups remained constant. However in 1987, the relative proportion of AIDS cases among several patient risk groups changed when compared to previous years. In 1986, the percentage of AIDS cases among homosexual and bisexual men was 71%, and in 1987 the percentage was 60%. During the same time period, the proportion of AIDS cases among intravenous drug users increased from 13% to 20%. Also in 1987, the percentage of heterosexual contact cases increased from 5% to 9%. Heterosexual cases include persons who have had heterosexual contact with high risk group members as well as persons born in countries in which heterosexual transmission is believed to play a major role. Of the 38 heterosexual contact cases diagnosed in 1987, 34% were sexual partners of intravenous drug users, 3% were sexual partners of other high risk individuals and 63% were foreign born.

## ADULT PATIENT GROUP BY YEAR OF DIAGNOSIS

	<u>1984</u>		<u>1985</u>		<u>1986</u>		<u>1987</u>	
	<u>No.</u>	<u>(%)</u>	<u>No.</u>	<u>(%)</u>	<u>No.</u>	<u>(%)</u>	<u>No.</u>	<u>(%)</u>
Homosexual/Bisexual Man	70	(67)	133	(67)	208	(71)	251	(60)
Intravenous Drug User	13	(12)	24	(12)	39	(13)	86	(20)
Homo/Bi and IV Drug User	7	(7)	8	(4)	12	(4)	11	(3)
Heterosexual cases	4	(4)	17	(9)	16	(5)	38	(9)
Transfusion/Hemophiliac	6	(6)	6	(4)	12	(4)	16	(4)
None of the above/Other	4	(4)	3	(2)	6	(2)	11	(3)
Total	104	(100)	191	(100)	293	(100)	413	(100)

Of the 420 cases in 1987, 413 were adult cases and 7 cases were diagnosed in children under the age of 13. Among the 413 adult cases, 66% are white, 21% are black, and 12% are Hispanic. Eighty-seven percent are men and 89% of the cases are between the ages of 20 - 49.

Through 1986, the geographic distribution of AIDS cases over time had remained uniform. In 1986, 43% of AIDS cases were among Boston residents, 45% were among non-Boston residents, and 11% of cases were seen in out-of-state residents who were diagnosed in Massachusetts. Thus far in 1987, the proportion of cases among Boston residents has remained constant at 42%, while the proportion of non-Boston resident cases increased to 53% as out-of-state resident cases fell to 5%.



## CALENDAR

**Thursday, February 11**

AIDS Networking Breakfast  
8:00 a.m. Club Cafe, Columbus Avenue at  
East Berkley Street, Boston

**Friday, February 26**

"Under the Sword: Psychological Aspects of AIDS,"  
8:30 to 4:30, Jiminy Peak Conference Center,  
Hancock, MA. \$50 Registration, CEUs available.  
Call Berkshire AHEC 413-447-2417.

**American Academy for the Advancement of Science  
Annual Meeting, Sheraton Boston/Hynes Auditorium  
February 11 - 15, 1988**

For registration materials write to:

AAAS, Annual Meeting Registration  
1333 H Street, NW  
Washington, DC 20005

### **Session on AIDS:**

Thursday 2/11	Cultural Factors in AIDS Overseas
Friday 2/12	Current Issues in AIDS, C. Everett Koop Overview: epidemiology, legal issues, economics, etc. Virology: HIV genetics, molecular biology, pathogenesis, etc.
Saturday 2/13	Epidemiology of HIV: Transmission and Natural History Clinical Management of HIV Infection and AIDS
Sunday 2/14	Modeling the Spread and Demographic Impact of AIDS Applying Behavioral Science to Control the AIDS Epidemic
Monday 2/15	Social Consequences of AIDS A National Strategy for AIDS

#### **A Publication of the AIDS Surveillance Program**

**George R. Seage III**

**Jeanne Day**

**Laurie Kunches**

**Beverly Heinze-Lacey**

Boston Department of Health and Hospitals  
House Officers Building, Room 321  
818 Harrison Avenue  
Boston, MA 02118



# AIDS NEWSLETTER



a monthly publication from the  
Massachusetts Department of Public Health/Boston Department of Health and Hospitals

Vol. 4

February, 1988

No. 2

## UPDATE

Forty-nine new cases were reported to the AIDS Surveillance Program during the month of January, including 10 females. From 1984 through 1986, the relative proportion of AIDS cases among females was 8-9%. Thus far, for cases diagnosed in 1987, the relative proportion of female cases has increased to 14%. The most common risk factor for female AIDS cases continues to be intravenous drug use (42%).

## REPORTED AIDS CASES ACCORDING TO INSTITUTION AND YEAR

Institution	Cumulative Case Reports			
	as of 1/31/87		as of 1/31/88	
	No.	(%)	No.	(%)
Baystate Medical Center	25	(3)	33	(3)
Berkshire Medical Center	3	(0)	8	(1)
Beth Israel Hospital	57	(8)	96	(8)
Boston City Hospital	50	(6)	102	(8)
Brigham & Women's Hospital	49	(6)	92	(7)
Cambridge Hospital	7	(1)	10	(1)
Cape Cod Hospital	4	(1)	9	(1)
Carney Hospital	10	(1)	15	(1)
Charlton Memorial Hospital	5	(1)	11	(1)
Children's Hospital	14	(2)	21	(2)
Faulkner Hospital	4	(1)	8	(1)
Harvard Community Health Plan	22	(3)	41	(3)
Lahey Clinic	21	(3)	27	(2)
Lemuel Shattuck Hospital	9	(1)	28	(2)
Massachusetts General Hospital	116	(15)	168	(13)
Mt. Auburn Hospital	19	(3)	31	(2)
New England Deaconess Hospital	193	(25)	266	(21)
New England Medical Center	33	(4)	51	(4)
Newton-Wellesley Hospital	6	(1)	8	(1)
St. Elizabeth's Hospital	3	(0)	14	(1)
St. Luke's Hospital	2	(0)	12	(1)
University Hospital	22	(3)	34	(3)
Univ. of Mass. Medical Center	7	(1)	21	(2)
V.A. Medical Center	19	(3)	26	(2)
Worcester Memorial	7	(1)	14	(1)
Other Boston Hospitals	8	(1)	15	(1)
Other Non-Boston Hospitals	50	(7)	123	(10)
Total	765	(100)	1,284	(100)

## REPORTED AIDS CASES ACCORDING TO COUNTY OF RESIDENCE

Suffolk	553	Hampden	40
Middlesex	191	Bristol	38
Norfolk	68	Berkshire	11
Essex	66	Hampshire	7
Barnstable	60	Nantucket	5
Worcester	49	Franklin	4
Plymouth	46	Dukes	0

Note: One hundred forty-six (11%) of the 1,284 reported cases were not residents of Massachusetts when symptoms first appeared. These patients were subsequently diagnosed and cared for in the Commonwealth.

# AIDS SURVEILLANCE SUMMARY: STATE AND NATIONAL COMPARISONS

Total Cases as of 1/31/88		Massachusetts (1,284)*		United States (52,256)	
		No.	(%)	No.	(%)
<b>Residence</b>					
City of Boston		533	(42)		
**Remainder SMSA		298	(23)		
Remainder State		307	(24)		
Subtotal	1138				
Out-of-State		146	(11)		
<b>Transmission Categories (Adult Cases)</b>		1,256		51,467	
Homosexual/Bisexual Male		827	(66)	33,369	(65)
I.V. Drug User		136	(15)	8,877	(17)
Homosexual Male and I.V. Drug User		53	(4)	3,858	(7)
Hemophilia		18	(1)	519	(1)
Heterosexual Cases***		104	(8) ***	2,058	(4)
Transfusion Blood/Components		36	(3)	1,206	(2)
None of the above		32	(3)	1,580	(3)
<b>Transmission Categories (Children &lt; 13 yrs)</b>		28		789	
Parent with AIDS/or at increased risk for AIDS		21	(75)	603	(76)
Hemophilia		2	(7)	43	(5)
Transfusion, Blood/Components		5	(18)	108	(14)
None of the above		0	(0)	35	(4)
<b>Primary Diagnosis (ordered hierarchically)</b>					
Pneumocystis carinii Pneumonia (PCP)		795	(62)	32,796	(63)
Other Opportunistic Diseases		324	(25)	13,730	(26)
Kaposi's Sarcoma (KS)		165	(13)	5,730	(11)
<b>Sex</b>					
Male		1,157	(90)	48,102	(92)
Female		127	(10)	4,154	(8)
<b>Condition</b>					
Alive		677	(53)	23,050	(44)
Dead		607	(47)	29,206	(56)
<b>Race</b>					
White		916	(71)	31,460	(60)
Black		245	(19)	13,177	(25)
Hispanic		113	(9)	7,135	(14)
Other/Unknown		10	(0)	484	(1)

\* Includes 76 cases meeting the revised case definition.

\*\*Refers to the Standard Metropolitan Statistical Area within Route 495.

\*\*\*Includes 35 persons who have had heterosexual contact with high risk individuals and 69 persons born in countries in which heterosexual transmission is believed to play a major role.



## AIDS Clinical Trials Group (ACTG)

The National Institutes of Health has funded a number of clinical trials for patients with various stages of HIV infection at the following institutions: University of Massachusetts Medical Center in Worcester, Massachusetts General Hospital, Beth Israel Hospital and New England Deaconess Hospital. The following protocols are open at the present time. Clinicians wishing to make referrals should be aware that these protocols exclude patients who are active substance abusers, on maintenance methadone or Naltrexone, younger than 12 years, or pregnant women.

### I. Dideoxycytidine (DDC) (ATEU 12); Contact Teri Flynn (726-3812)

Inclusion criteria: (1) Advanced ARC; (2) AIDS - patients within 120 days from first episode Pneumocystis carinii pneumonia (PCP). Exclusion criteria: (1) AIDS; a) Malignancy other than Kaposi's Sarcoma (KS); b) Active opportunistic infection (OI). (2) Advanced ARC/AIDS: Recent therapy with antiretroviral agents, biological modifiers or corticosteroids.

### II. AIDS Dementia-AZT vs. Placebo (ATEU 005); Contact Teri Flynn (726-3812)

Inclusion criteria: HIV infection with clinically evident cognitive or motor dysfunction. Exclusion criteria: (1) Active AIDS-defining OI or requirement of ongoing prophylaxis; (2) Concurrent or previous CNS infection; (3) Concurrent neoplasms other than basal cell carcinoma of the skin or mucocutaneous KS; (4) Previous treatment with AZT.

### III. Early ARC-AZT vs. Placebo (ATEU 016); Contact Teri Flynn (726-3812) or Charla Andrews (856-2456)

Inclusion criteria: (1) Patients with early ARC as defined by HIV seropositivity with minor symptomatology; (2) T4 lymphocyte count between 200 and 800 cells/mm<sup>3</sup>. Exclusion criteria: (1) AIDS-defined malignancy or OI; (2) hemophilia; (3) blood transfusion within 30 days.

### IV. Asymptomatic HIV-infected-AZT vs. Placebo (ATEU 019); Contact Teri Flynn (726-3812) or Charla Andrews (856-2456)

Inclusion criteria: Men and women with HIV infection with no evidence of AIDS or ARC, and T4 lymphocyte count > 500 cells/mm<sup>3</sup>. Exclusion criteria: (1) fulfilling the CDC criteria for AIDS or ARC; (2) T4 lymphocyte count < 500 cells/mm<sup>3</sup>.

### V. Alternating AZT with DDC in patients with AIDS (ATEU pre-78, ATEU pre-82); Contact Teri Flynn (726-3812)

Inclusion criteria: (1) Advanced ARC; (2) AIDS - patients within 120 days from first episode of PCP. Exclusion criteria: (1) history of Mycobacterium avium intracellulare or PCP; (2) active AIDS-defining OI or requirements of ongoing prophylaxis; (3) concurrent or previous CNS infection; (4) concurrent neoplasms other than basal cell carcinoma of the skin or mucocutaneous KS.

### VI. HIV-associated Lymphomas - AZT and chemotherapy (ATEU 008, ATEU 009); contact Charla Andrews (856-2456).

Inclusion criteria: (1) AIDS with high grade lymphoma or primary CNS lymphoma. Call to discuss protocol details.

In addition to the above trials, a double-blind placebo controlled trial of Immreg, an immune modulator, is open at the Immunodeficiency clinic at Boston City Hospital. Inclusion criteria are symptomatic ARC with a T4 lymphocyte count between 100 and 400 cells/mm<sup>3</sup> and/or skin test energy. Reasons for exclusion include major opportunistic infections, intravenous drug use or methadone maintenance, diabetes or significant renal disease. For more information, please contact Dr. Howard Liebman at 424-4548 or Connie Haggerty at 424-4641.

## CALENDAR

**Thursday, March 10**

AIDS Networking Breakfast  
8:00 a.m. Club Cafe, Columbus Avenue at  
East Berkley Street, Boston

**Saturday, April 9**

"Women and AIDS". All Day conference, Suffolk  
University. For information call, Fenway  
Community Health Center 267-0900.

**Opening Thursday, March 3 through Sunday, March 27  
Worcester Forum Theatre  
presents**

Award Winning Drama As Is. In collaboration with AIDS PROJECT Worcester,  
Forum Theatre will offer free to the public open forum/discussions following the  
four Sunday matinee performances. For tickets call (517)-799-9166.

**A Publication of the AIDS Surveillance Program**

**George R. Seage III**

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# AIDS NEWSLETTER



a monthly publication from the  
Massachusetts Department of Public Health/Boston Department of Health and Hospitals

Vol. 4

March, 1988

No. 3

## UPDATE

Sixty new AIDS cases were reported to the Surveillance Program during February. This high monthly case total continues to reflect the impact of retrospective chart reviews being performed by various institutions in the State. In fact, when the data are analyzed by date of diagnosis and not date of report, it is found that only 21 (35%) of the February cases were actually diagnosed in that month.

### REPORTED AIDS CASES ACCORDING TO INSTITUTION AND YEAR

Institution	Cumulative Case Reports			
	as of 2/28/87		as of 2/29/88	
	No.	(%)	No.	(%)
Baystate Medical Center	25	(3)	35	(3)
Berkshire Medical Center	3	(0)	8	(1)
Beth Israel Hospital	63	(8)	97	(7)
Boston City Hospital	52	(6)	108	(8)
Brigham & Women's Hospital	49	(6)	96	(7)
Cambridge Hospital	7	(1)	10	(1)
Cape Cod Hospital	4	(1)	9	(1)
Carney Hospital	10	(1)	16	(1)
Charlton Memorial Hospital	5	(1)	11	(1)
Children's Hospital	14	(2)	21	(2)
Faulkner Hospital	4	(1)	8	(1)
Harvard Community Health Plan	25	(3)	41	(3)
Lahey Clinic	22	(3)	27	(2)
Lemuel Shattuck Hospital	12	(1)	29	(2)
Massachusetts General Hospital	117	(15)	175	(13)
Mt. Auburn Hospital	20	(3)	31	(2)
New England Deaconess Hospital	200	(25)	275	(21)
New England Medical Center	33	(4)	51	(4)
Newton-Wellesley Hospital	7	(1)	9	(1)
St. Elizabeth's Hospital	8	(1)	14	(1)
St. Luke's Hospital	2	(0)	15	(1)
University Hospital	24	(3)	34	(3)
Univ. of Mass. Medical Center	8	(1)	30	(2)
V.A. Medical Center	19	(2)	28	(2)
Worcester Memorial	7	(1)	17	(1)
Other Boston Hospitals	8	(1)	15	(1)
Other Non-Boston Hospitals	52	(7)	134	(10)
Total	800	(100)	1,344	(100)

### REPORTED AIDS CASES ACCORDING TO COUNTY OF RESIDENCE

Suffolk	574	Hampden	43
Middlesex	193	Bristol	43
Essex	72	Berkshire	11
Norfolk	71	Hampshire	7
Barnstable	63	Nantucket	5
Worcester	61	Franklin	4
Plymouth	46	Dukes	0

Note: One hundred fifty-one (11%) of the 1,344 reported cases were not residents of Massachusetts when symptoms first appeared. These patients were subsequently diagnosed and cared for in the Commonwealth.

# AIDS SURVEILLANCE SUMMARY: STATE AND NATIONAL COMPARISONS

Total Cases as of 2/29/88		Massachusetts (1,344)*		United States (54,233)	
		No.	(%)	No.	(%)
<b>Residence</b>					
City of Boston		553	(41)		
**Remainder SMSA		310	(23)		
Remainder State		330	(25)		
Subtotal	1193				
Out-of-State		151	(11)		
<b>Transmission Categories (Adult Cases)</b>		1,316		53,382	
Homosexual/Bisexual Male		860	(65)	34,434	(65)
I.V. Drug User		198	(15)	9,344	(18)
Homosexual Male and I.V. Drug User		54	(4)	3,982	(7)
Hemophilia		21	(2)	544	(1)
Heterosexual Cases***		109	(8) ***	2,150	(4)
Transfusion Blood/Components		40	(3)	1,285	(2)
None of the above		34	(3)	1,643	(3)
<b>Transmission Categories (Children &lt;13 yrs)</b>		28		851	
Parent with AIDS/or at increased risk for AIDS		21	(75)	651	(76)
Hemophilia		2	(7)	48	(6)
Transfusion, Blood/Components		5	(18)	117	(14)
None of the above		0	(0)	35	(4)
<b>Primary Diagnosis (ordered hierarchically)</b>					
Pneumocystis carinii Pneumonia (PCP)		824	(61)	33,850	(62)
Other Opportunistic Diseases		348	(26)	14,564	(27)
Kaposi's Sarcoma (KS)		172	(13)	5,819	(11)
<b>Sex</b>					
Male		1,212	(90)	49,827	(92)
Female		132	(10)	4,406	(8)
<b>Condition</b>					
Alive		704	(52)	23,878	(44)
Dead		640	(48)	30,355	(56)
<b>Race</b>					
White		959	(71)	32,503	(60)
Black		252	(19)	13,764	(25)
Hispanic		123	(9)	7,466	(14)
Other/Unknown		10	(0)	500	(1)

\* Includes 93 cases meeting the revised case definition.

\*\*Refers to the Standard Metropolitan Statistical Area within Route 495.

\*\*\*Includes 38 persons who have had heterosexual contact with high risk individuals and 71 persons born in countries in which heterosexual transmission is believed to play a major role.

## AIDS IN MASSACHUSETTS COMMUNITIES

In the May 1987 issue of this newsletter we published a listing of those Massachusetts cities and towns that were known to have more than 5 residents with AIDS. This presentation of data was very popular with our readership so we are again reporting our surveillance data in this fashion.

In the original summary, we reported 13 communities with more than 5 AIDS cases, and a total of 140 cities and towns with at least one resident with AIDS. As of March 1, 1988, 184 of the 351 communities in the Commonwealth (52%) have reported at least one AIDS case among residents and 24 communities have more than 5 cases in their population.

With the exception of Boston and Provincetown, the average population of the communities is about 76,000, with a range of 35,000-162,000 persons. Below, communities are ranked by cumulative case totals and rates per population size.

### COMMUNITIES WITH MORE THAN 5 AIDS CASES

#### Descending Order by Total Cases

1.	Boston	553
2.	Cambridge	53
3.	Provincetown	40
4.	Springfield	28
5.	Worcester	28
6.	New Bedford*	22
7.	Somerville	22
8.	Brookline	19
9.	Brockton	16
10.	Lawrence*	12
11.	Framingham*	10
12.	Lynn	10
13.	Revere	10
14.	Medford*	8
15.	Lowell	8
16.	Quincy*	8
17.	Weymouth	8
18.	Everett*	7
19.	Malden*	7
20.	Newton	7
21.	Arlington*	6
22.	Fall River*	6
23.	Peabody*	6
24.	Plymouth*	6

#### Descending Order by Rate per 100,000 Population

1.	Provincetown	➤ 100
2.	Boston	98
3.	Cambridge	56
4.	Brookline	35
5.	Somerville	28
6.	Revere	24
7.	New Bedford	22
8.	Everett	19
9.	Lawrence	19
10.	Springfield	18
11.	Brockton	17
12.	Plymouth	17
13.	Worcester	17
14.	Framingham	15
15.	Medford	14
16.	Weymouth	14
17.	Lynn	13
18.	Malden	13
19.	Peabody	13
20.	Arlington	12
21.	Lowell	9
22.	Quincy	9
23.	Newton	8
24.	Fall River	6

\*Had less than 6 cases reported at time of previous summary (May 1987).

In the ten months since the original summary, 439 new Massachusetts resident cases were identified including 93 that fulfill the revised case definition. There has been a shift in the geographic location of patients, favoring areas outside metropolitan Boston where nearly 30% of the 1987 cases reside.



## CALENDAR

**Wednesday, March 30**

"Oral Manifestations as Predictors of AIDS" by Dr. Jerome J. Pindborg of Copenhagen, Denmark.  
5:00 - 7:00 p.m., Harvard School of Dental Medicine. To register call Dr. Louis Rissin at 565-9689.

**Thursday, April 14**

AIDS Networking Breakfast  
8:00 a.m. Club Cafe, Columbus Avenue at East Berkeley Street, Boston.

## ANNOUNCEMENTS

For suggestions/comments about newsletter content, or to submit items for calendar, please contact Laurie Makarewicz at (617) 522-3700 ext. 482.

For case reporting of AIDS patients meeting the CDC case definition, please notify:

in Boston:

Stephanie Oddleifson, M.P.H.  
AIDS Epidemiologist  
House Officers Building  
Room 309  
818 Harrison Avenue  
Boston, MA 02118  
Telephone: (617) 424-4377

in rest of Mass:

Laurie Makarewicz, M.S.  
AIDS Epidemiologist  
Mass. Dept. of Public Health  
State Laboratory Institute  
305 South Street  
Jamaica Plain, MA 02130  
Telephone: (617) 522-3700 ext. 482

### A Publication of the AIDS Surveillance Program

George R. Seage III  
Laurie Kunches

Jeanne Day  
Beverly Heinze-Lacey

Boston Department of Health and Hospitals  
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818 Harrison Avenue  
Boston, MA 02118



# AIDS NEWSLETTER



a monthly publication from the

Massachusetts Department of Public Health/Boston Department of Health and Hospitals

Vol. 4

April, 1988

No. 4

## UPDATE

A total of 57 new cases were reported to the AIDS Surveillance Program for the month of March.

Due to space limitations in our current format, the editorial board has decided to alter the standard appearance of the cover page. Information on reported AIDS cases by institution will now appear every other month, alternating with data reported by county of residence. Our new chart of county information (Table 1) expands our usual presentation of numbers of cases per county. We now include a few descriptive statistics that serve to better illustrate the impact of reported cases proportional to total county population and total Massachusetts resident cases.

In keeping with the theme of analysis by geographic location, Figure 1 is a visual representation of a previously reported phenomena. This chart illustrates that the number of new AIDS cases occurring during 1987 outside of Boston and the Standard Metropolitan Statistical Areas is increased over previous years. This trend has increased requirements for information and statistical summaries focused on areas outside of Boston.

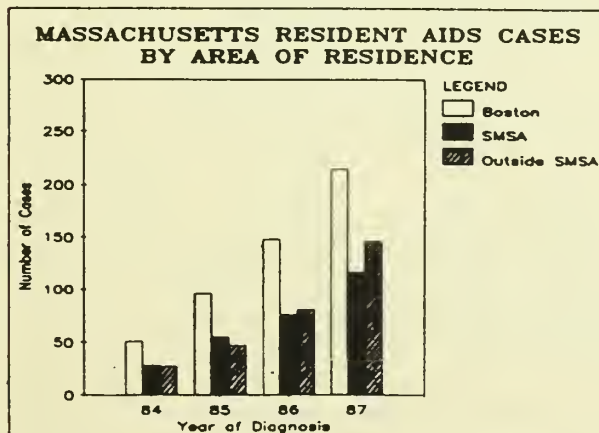


Figure 1

## MASSACHUSETTS RESIDENT AIDS CASES

### AND CUMULATIVE INCIDENCE RATES BY COUNTY

COUNTY	NUMBER	%MA CASES	CASES PER MILLION
Barnstable	64	5.1	432.7
Berkshire	11	0.9	75.8
Bristol	46	3.7	96.9
Dukes	0	0.0	0.0
Essex	75	6.0	118.4
Franklin	4	0.3	62.2
Hampden	44	3.5	99.3
Hampshire	8	0.6	57.6
Middlesex	195	15.6	142.6
Nantucket	6	0.5	*
Norfolk	75	6.0	123.6
Plymouth	48	3.8	118.4
Suffolk	608	48.8	935.2
Worcester	63	5.1	97.5
<b>TOTAL</b>	<b>1247</b>	<b>100</b>	<b>217.4</b>

\*Not representative of actual county with small population

SEP Table 1

# AIDS SURVEILLANCE SUMMARY: STATE AND NATIONAL COMPARISONS

Total Cases as of 3/31/88		Massachusetts (1,401)*		United States (57,575)	
		No.	(%)	No.	(%)
<b>Residence</b>					
City of Boston		587	(41)		
**Remainder SMSA		317	(23)		
Remainder State		343	(25)		
Subtotal	1247				
Out-of-State		154	(11)		
<b>Transmission Categories (Adult Cases)</b>	1,372			56,662	
Homosexual/Bisexual Male		886	(65)	36,234	(64)
I.V. Drug User		212	(15)	10,192	(18)
Homosexual Male and I.V. Drug User		57	(4)	4,226	(7)
Hemophilia		24	(2)	571	(1)
Heterosexual Cases***		117	(9)	2,285	(4)
Transfusion Blood/Components		42	(3)	1,375	(2)
None of the above		34	(2)	1,779	(3)
<b>Transmission Categories (Children &lt;13 yrs)</b>	29			913	
Parent with AIDS/or at increased risk for AIDS		22	(76)	702	(77)
Hemophilia		2	(7)	50	(5)
Transfusion, Blood/Components		5	(17)	125	(14)
None of the above		0	(0)	36	(4)
<b>Primary Diagnosis (ordered hierarchically)</b>					
Pneumocystis carinii Pneumonia (PCP)		858	(61)	35,705	(62)
Other Opportunistic Diseases		369	(26)	15,863	(28)
Kaposi's Sarcoma (KS)		174	(13)	6,007	(10)
<b>Sex</b>					
Male		1,257	(90)	52,806	(92)
Female		144	(10)	4,769	(8)
<b>Condition</b>					
Alive		742	(53)	25,385	(44)
Dead		659	(47)	32,190	(56)
<b>Race</b>					
White		993	(71)	34,218	(59)
Black		272	(19)	14,755	(26)
Hispanic		126	(9)	8,082	(14)
Other/Unknown		10	(1)	520	(1)

\* Includes 108 cases meeting the revised case definition.

\*\*Refers to the Standard Metropolitan Statistical Area within Route 495.

\*\*\*Includes 40 persons who have had heterosexual contact with high risk individuals and 77 persons born in countries in which heterosexual transmission is believed to play a major role.



## AIDS SURVEILLANCE PROGRAM ACTIVITIES

The surveillance of AIDS cases throughout the Commonwealth is a cooperative effort between the Massachusetts Department of Public Health (MDPH) and the Boston Department of Health and Hospitals (BDHH). AIDS surveillance began at BDHH in 1982; Centers for Disease Control (CDC) funding for the program began in 1983.

Efforts of the joint surveillance program are directed toward receiving reports of newly-diagnosed AIDS cases on an ongoing basis, and compiling and analyzing data to provide health care providers and city officials with appropriate information for resource planning and policy formation.

Due to the importance of accurate and up-to-date case information, attempts are being made to facilitate reporting at all health care facilities that diagnose AIDS patients. Stephanie Oddleifson, BDHH AIDS epidemiologist, and Laurie Makarewicz, MDPH AIDS epidemiologist have targeted outreach to health care providers as a priority for the coming year. These activities include inservice programs to physicians and infection control practitioners at various institutions. These sessions provide site-specific data, answer questions about the new CDC case definition, and explore strategies that could make case reporting easier. Especially important is the establishment of contacts with clinics and practices where AIDS cases are now being diagnosed as outpatients.

Since the revision of the AIDS case definition in September 1987, the surveillance program has been receiving reports of cases that were diagnosed prior to September 1987 and did not meet the previous case definition. In order to evaluate trends in cases meeting the revised definition, efforts are being made to "catch up" on these retrospective reports.

Concerns about completeness of reporting are being addressed by the utilization of population-based data sources (i.e. Mass. Cancer Registry, Vital Statistics death records and Tuberculosis reference laboratory and Control Program data) to validate surveillance efficacy and identify previously unreported cases.

In addition, routine surveillance tasks also include interviews of "no identified risk" (NIR) cases according to the CDC-recommended data collection format, and follow-up of long-term AIDS survivors.

The lack of data on rates of HIV infection in the population limits the ability to accurately project future trends in the AIDS epidemic. Thus, surveys of HIV seroprevalence in a variety of populations in thirty metropolitan areas in the country, including Boston, have been funded by CDC. In a cooperative effort, the surveillance programs at BDHH and MDPH will be conducting these surveys in the near future.

And finally, special studies have been designed to assess trends among the various risk groups. Particular attention is being paid to the increasing rate of intravenous drug user related AIDS cases in the Boston area. Also ongoing are studies to evaluate the economic impact of AIDS on the health care system in Massachusetts (funded by MDPH and BDHH) and research on sexual transmission (funded by CDC).

## CALENDAR

**Monday, May 2-6**

The New England Journal of Public Policy, published by the McCormack Institute of Public Affairs at the University of Massachusetts at Boston is sponsoring a series of AIDS workshops at the Harbor Campus in Dorchester. A reception is planned for the evening of Tuesday, May 3, in the McCormack Institute offices. For more detailed information, call 929-7275.

**Wednesday, May 4**

Adolescent AIDS Networking Breakfast, 8:00 a.m. Club Cafe, Columbus Avenue at East Berkeley Street, Boston. To be held on the first Wednesday of every month. For more information, call Shosana Rosenfeld at 727-0368.

"AIDS Update for Public Health Nurses," sponsored by MDPH. 9:00 a.m. - 4:00 p.m. at Worcester Foundation in Shrewsbury, MA. For more information, contact: Kathy Williams at 727-0368.

**Thursday, May 12**

AIDS Networking Breakfast, 8:00 a.m. Club Cafe, Columbus Avenue at East Berkeley Street, Boston.

**Wednesday, June 1**

"Tuberculosis and AIDS: Challenge of the 1990's." Sponsored by Tuberculosis Program of MDPH, American Lung Association, and Massachusetts Thoracic Society. 8:00 a.m. to 4:15 p.m. Mass. Center for Disease Control, 305 South Street, Jamaica Plain. Fee \$30 (students - \$20). Contact: Sue Weidhaas, RN, MS, Director of the Tuberculosis Program. (617) 522-3700, ext. 450.

## ANNOUNCEMENTS

Project Trust will begin offering an evening support group on Tuesdays, from 6-7:30 p.m. at 720 Massachusetts Avenue, Boston. For more information call Ben or Brianne at 424-4495.

Position Available: The City of New Bedford is seeking an AIDS Coordinator to help develop new city programs concerned with education and counseling on issues related to AIDS. Interested individuals can obtain a position description and salary information from Dr. Norman C. Telles, Director, New Bedford Department of Health at (617) 999-2931, ext. 266.

Boston Department of Health and Hospitals has several positions open for an HIV seroprevalence survey, including: research assistant (2 positions), secretary, computer data manager, and data entry clerk. For further information please call Beverly Heinze-Lacey at 424-5467.

### **A Publication of the AIDS Surveillance Program**

**George R. Seage III**

**Jeanne Day**

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Boston Department of Health and Hospitals  
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# AIDS NEWSLETTER



a monthly publication from the  
Massachusetts Department of Public Health/Boston Department of Health and Hospitals

Vol. 4

May, 1988

No. 5

## UPDATE

Sixty eight new AIDS cases, including sixteen that met only the 1987 revised CDC AIDS case definition, were reported to the Surveillance Program during the month of April.

New definition cases in Massachusetts currently total 124 and account for 8.4% of all AIDS reported in the commonwealth to date. Nationally, 5,828 cases meet only the revised 1987 surveillance definition; these represent 9.6% of the current U.S. total.

## CUMULATIVE AIDS CASES BY INSTITUTION AND YEAR OF REPORT

Institution	as of 5/01/87		as of 5/01/88	
	No.	(%)	No.	(%)
Baystate Medical Center	25	(3)	38	(3)
Berkshire Medical Center	4	(1)	8	(1)
Beth Israel Hospital	71	(8)	112	(8)
Boston City Hospital	58	(7)	126	(9)
Brigham & Women's Hospital	54	(6)	113	(8)
Cambridge Hospital	7	(1)	10	(1)
Cape Cod Hospital	7	(1)	9	(1)
Carney Hospital	16	(2)	23	(2)
Charlton Memorial Hospital	5	(1)	12	(1)
Children's Hospital	14	(2)	23	(2)
Faulkner Hospital	5	(1)	8	(1)
Harvard Community Health Plan	28	(3)	43	(3)
Lahey Clinic	23	(3)	29	(2)
Lemuel Shattuck Hospital	16	(2)	32	(2)
Massachusetts General Hospital	125	(14)	188	(13)
Mt. Auburn Hospital	21	(2)	34	(2)
New England Deaconess Hospital	213	(24)	281	(19)
New England Medical Center	33	(4)	55	(4)
Newton-Wellesley Hospital	7	(1)	10	(1)
St. Elizabeth's Hospital	10	(1)	17	(1)
St. Luke's Hospital	2	(0)	17	(1)
University Hospital	25	(3)	36	(3)
Univ. of Mass Medical Center	11	(1)	31	(2)
V.A. Medical Center	5	(1)	32	(2)
Worcester Memorial	7	(1)	17	(1)
Other Boston Hospitals	12	(1)	19	(1)
Other Non-Boston Hospitals	51	(6)	130	(9)
TOTAL	879	(100)	1469	(100)



# AIDS SURVEILLANCE SUMMARY: STATE AND NATIONAL COMPARISONS

Total Cases as of 4/30/88		Massachusetts (1,469)*		United States (60,583)	
		No.	(%)	No.	(%)
<u>Residence</u>					
City of Boston		618	(42)		
**Remainder SMSA		337	(23)		
Remainder State		355	(24)		
Subtotal		1310			
Out-of-State		159	(11)		
<u>Transmission Categories (Adults)</u>					
		1,440		59,628	
Homosexual/Bisexual Male		917	(64)	37,805	(63)
I.V. Drug User		226	(16)	11,014	(18)
Homosexual Male/I.V. Drug User		61	(4)	4,420	(7)
Hemophilia		25	(2)	589	(1)
Heterosexual Cases***		125	(9)	2,458	(4)
Transfusion Blood/Components		48	(3)	1,456	(2)
None of the Above		38	(3)	1,886	(3)
<u>Transmission Categories (&lt;13yrs)</u>					
		29		955	
Parent with AIDS/at risk for AIDS		22	(76)	734	(77)
Hemophilia		2	(7)	53	(6)
Transfusion, Blood/Components		5	(17)	132	(14)
None of the above		0	(0)	36	(4)
<u>Primary Diagnosis (hierarchical order)</u>					
Pneumocystis carinii Pneumonia		894	(61)	37,414	(62)
Other Opportunistic Diseases		395	(27)	16,992	(28)
Kaposi's Sarcoma		180	(12)	6,177	(10)
<u>Sex</u>					
Male		1,313	(89)	55,430	(91)
Female		156	(11)	5,153	(9)
<u>Condition</u>					
Alive		785	(53)	26,657	(44)
Dead		684	(47)	33,926	(56)
<u>Race</u>					
White		1,038	(71)	35,643	(59)
Black		285	(19)	15,706	(26)
Hispanic		134	(9)	8,680	(14)
Other/Unknown		12	(1)	554	(1)
<u>Age</u>					
Under 13		29	(2)	955	(1)
13-19		9	(1)	257	(0)
20-29		313	(21)	12,507	(21)
30-39		714	(49)	28,102	(46)
40-49		281	(19)	12,590	(21)
over 49		123	(8)	6,172	(10)

\*Includes 124 cases meeting the revised case definition.

\*\*Refers to the Standard Metropolitan Statistical Area within Rte 495.

\*\*\*Includes 44 persons who have had heterosexual contact with high risk individuals and 81 persons born in countries in which heterosexual transmission is believed to play a major role.

AIDS NEWSLETTER  
MAILING LIST UPDATE

The AIDS Surveillance Program of the Massachusetts Department of Public Health/Boston Department of Health and Hospitals is in the process of updating the mailing list for our AIDS Newsletter. If you wish to continue receiving this monthly publication you must fill out this response form and return it by July 1, 1988.

Name\_\_\_\_\_

Title\_\_\_\_\_

Agency/Institution\_\_\_\_\_

Address\_\_\_\_\_

Telephone\_\_\_\_\_

To return this form simply fill in appropriate information , fold and staple page so that mailing address is on outside panel, and affix postage.

We look forward to your prompt response and hope you continue to find our publication valuable.

Boston Department of Health and Hospitals  
House Officers Building, Room 321  
818 Harrison Avenue  
Boston, MA 02118

Return Address:

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## PROJECT TRUST

In Massachusetts as of May 1, 1988, 226 AIDS cases (16% of the total) have been reported in intravenous drug-users (IVDU's); another 61 cases (4%) have been in homosexual male IVDU's. This total of 20% is slightly less than the 25% reported nationally, although the national figures are skewed upward by a few states with disproportionately high rates (e.g. New York). Nevertheless, our concern is that cases in IVDU's are increasing at a dramatic rate. In Massachusetts, as elsewhere, drug users play a significant role in the AIDS epidemic because they are a transmission link with other adult populations via heterosexual contact and with pediatric populations via perinatal transmission.

In an attempt to address the special needs of drug users, a program called Project TRUST opened its doors at Boston City Hospital in the fall of 1987. This center is committed to providing quality services for IV drug users, their sexual partners, and needle-sharing contacts. TRUST is an acronym for teaching, referral, understanding, support, and testing.

One of the primary functions of Project TRUST is to offer HIV counseling and testing to IV drug users. Although the state offers such services at its Alternative Test Sites, it appears that few drug users have utilized this program. One possible obstacle to use of these sites is the requirement to schedule in advance an appointment for HIV testing. Project TRUST models itself after the state's ATS Program in that it offers anonymous, free testing, and pre- and post-test counseling. However, it is structured as a drop-in site where people requesting services are welcome to walk in at their convenience. Approximately 12-14 clients per week have been served thus far; 70% have been male. The majority of drug users utilizing the center do choose to be tested for HIV antibody, and 70-80% of these individuals return for test results and follow-up counseling. Just over 300 people have been tested to date through Project TRUST; their cumulative seropositivity rate is 19%.

The project also provides aftercare through an ongoing support group for HIV infected clients that is held on a weekly basis. Attendance has slowly increased since inception in April, 1988. Another support group for uninfected sexual partners of clients is being created; the target date for this new offering is July, 1988.

Promotion of activities that help prevent HIV infection is accomplished through personalized approaches to education and counseling. Individual and group counseling are supplemented by opportunities for clients to use videotapes and written materials that stress safer sex, avoidance of needle sharing, and adequate disinfection of paraphernalia. The importance of avoiding drugs altogether is emphasized. Project staff can make referrals to drug treatment programs when an addict indicates an interest. Active outreach activities are performed to draw potential clients into the center.

The response to the center by drug users supports our belief that addicts do care about AIDS, that they are educable, and are capable of changing their behavior when afforded compassionate and non-judgemental support. The staff have a firsthand knowledge of the disease of addiction, and can provide a model for change for those who choose to seek recovery.

Project TRUST is funded by the Divisions of Drug and Alcohol Rehabilitation and the AIDS Program of the Massachusetts Department of Public Health, and the Boston Department of Health and Hospitals. The center is currently staffed by 3 1/2 full-time employees. Project TRUST is located at 720 Massachusetts Avenue Boston, and is open Monday through Friday, from 8:30 a.m. to 4:00 p.m.. Support groups are held on Tuesday evenings from 6-7 p.m.. For more information please call (617) 424-4495.

## CALENDAR

- Wednesday, June 8 "Double Jeopardy: Confronting AIDS and Addiction in the Community" 9:30am to 1:15pm, Auditorium, Federal Reserve Building, 600 Atlantic Ave, Boston. Sponsored by the Health Education Section of the Massachusetts Public Health Association. Registration fee \$10.00 for MPHA members and students, \$20.00 for non-members. Register at door at 9:00 am. For additional information, call (617) 524-6696.
- Saturday, June 11 "AIDS in Prison", 9:00am to 3:00pm, Old South Church, 4th floor, 645 Boylston St. Boston. Sponsored by the City Mission Society. Fee \$10.00. For more information call (617) 742-6830.
- Thursday, June 16 AIDS Networking Breakfast, 8:00 am, Club Cafe, Columbus Avenue at East Berkley Street, Boston.
- June 16-June 19 The Names Project Quilt will be on display at the Boston Park Plaza Castle as part of a 20 city national tour. The quilt is composed of more than 4,000 individual 3' by 6' fabric panels, each dedicated to a single person lost to AIDS. For more information call (617) 451-9003.

## ANNOUNCEMENTS

The AIDS Education Program of the Massachusetts Department of Education has the following consultant opportunities: full-time AIDS health educator, full-time administrative assistant for federal AIDS health education project, and a summer internship position as a health education resource consultant. For further information contact Gregory Gazaway, Massachusetts Dept. of Education, Quincy, MA., telephone (617) 770-7594.

### A Publication of the AIDS Surveillance Program

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# AIDS NEWSLETTER



a monthly publication from the  
Massachusetts Department of Public Health/Boston Department of Health and Hospitals

Vol. 4

June, 1988

No. 6

## UPDATE

Fifty-three cases were reported to the AIDS Surveillance Program in the month of May. Eighteen of these cases (34% of the monthly total) were IV drug related; 15 were heterosexual IVDU, 2 were sexual partners of IVDU, and 1 was a homosexual IVDU. Analysis by year of diagnosis demonstrates that heterosexual IVDU cases doubled between 1986 and 1987, while the number of gay/bi-sexual IVDU remained constant. Heterosexual partners of IVDU accounted for 5 cases in 1986 and 17 in 1987, indicating more than a threefold increase during this time period.

## MASSACHUSETTS RESIDENT CASES AND CUMULATIVE INCIDENCE RATES BY COUNTY

COUNTY	NUMBER	%MA CASES	CASES PER MILLION
Barnstable	68	5.0	459.7
Berkshire	12	0.9	82.7
Bristol	48	3.5	101.1
Dukes	0	0.0	0.0
Essex	84	6.2	132.6
Franklin	4	0.3	62.2
Hampden	45	3.3	101.6
Hampshire	9	0.7	64.8
Middlesex	212	15.6	155.1
Nantucket	6	0.4	*
Norfolk	82	6.0	135.2
Plymouth	51	3.8	125.8
Suffolk	672	49.4	1033.6
Worcester	67	4.9	103.7
TOTAL	1360	100	237.1

\*Not representative of actual rate in a county with a small population.



# AIDS SURVEILLANCE SUMMARY: STATE AND NATIONAL COMPARISONS

Total Cases as of 5/31/88		Massachusetts (1,522)*		United States (63,726)	
		No.	(%)	No.	(%)
<b>Residence</b>					
City of Boston		646	(42)		
**Remainder SMSA		354	(23)		
Remainder State		360	(24)		
Subtotal	1360				
Out-of-State		162	(11)		
<b>Transmission Categories (Adults)</b>					
	1,493			62,723	
Homosexual/Bisexual Male	948	(63)		39,545	(63)
I.V. Drug User	241	(16)		11,754	(19)
Homosexual Male/I.V. Drug User	62	(4)		4,656	(7)
Hemophilia	25	(2)		618	(1)
Heterosexual Cases***	129	(9)		2,574	(4)
Transfusion Blood/Components	49	(3)		1,554	(2)
None of the Above	39	(3)		2,022	(3)
<b>Transmission Categories (&lt;13 yrs)</b>					
	29			1,003	
Parent with AIDS/at risk for AIDS	22	(76)		772	(77)
Hemophilia	2	(7)		56	(6)
Transfusion, Blood/Components	5	(17)		137	(14)
None of the above	0	(0)		38	(4)
<b>Primary Diagnosis (hierarchical order)</b>					
Pneumocystis carinii Pneumonia	920	(60)		39,148	(61)
Other Opportunistic Diseases	417	(27)		18,278	(29)
Kaposi's Sarcoma	185	(12)		6,300	(10)
<b>Sex</b>					
Male	1,364	(90)		58,250	(91)
Female	158	(10)		5,476	(9)
<b>Condition</b>					
Alive	802	(53)		27,928	(44)
Dead	720	(47)		35,798	(56)
<b>Race</b>					
White	1,077	(71)		37,360	(59)
Black	299	(20)		16,515	(26)
Hispanic	134	(9)		9,261	(15)
Other/Unknown	12	(1)		590	(1)
<b>Age</b>					
Under 13	29	(2)		1,003	(1)
13-19	9	(1)		269	(0)
20-29	323	(21)		13,192	(21)
30-39	737	(48)		29,512	(46)
40-49	298	(20)		13,231	(21)
over 49	126	(8)		6,519	(10)

\*Includes 137 cases meeting the revised case definition.

\*\*Refers to the Standard Metropolitan Statistical Area within Rte 495.

\*\*\*Includes 46 persons who have had heterosexual contact with high risk individuals and 83 persons born in countries in which heterosexual transmission is believed to play a major role.

## Department of Public Health Home Health Grants

The first indication that the Massachusetts home health care system might be insufficiently prepared to deal with the increasing numbers of people with AIDS (PWA's) came in January 1986 when hospitals began having difficulty obtaining hospice and home health services for these clients. At that time 418 cases of AIDS had been reported across the state; approximately 200 were alive. A state-funded grant to encourage the development of services for PWA's was announced in July 1986. In December, the Department of Public Health awarded funding to the seven home health agencies and one hospice listed below. Each agency was funded for a three year period at an annualized cost of \$50,000.

The priority in some of the agencies was to educate and train staff about the health care needs of people with HIV-related illnesses; for others, it was to recruit more nurses and home health aides to work with this population. Equally important were the community outreach and education needs of each area. Most of the agencies have hired a designated person to participate in direct care, oversee case management, give support to other staff members working with PWA's and serve as program coordinator. This person is also responsible for integrating AIDS-specific services with those already being provided by hospital discharge planners, AIDS service organizations and other health care agencies.

In 14 months, over 375 people (including 63% PWA's, 16% ARC and 22% other HIV-infected) have been cared for through the eight funded programs. Caseloads have increased an average of 32% between October 1987 and March 1988. One agency experienced more than a 50% increase in caseload. The average number of new cases admitted to each agency ranged from 1 to 11 per month. Quarterly phone surveys of the remaining 132 (non-funded) home health and hospice agencies in the state have revealed that the funded agencies represent only 5% of all agencies but serve 71% of AIDS-related cases receiving home care. Nearly 1/3 of newly diagnosed AIDS cases during 1987 received home care through a funded program. With the exception of Provincetown Home Health and Hospice West, the percentage of PWA's within each agency remains below 4%.

Each program has monitored the service utilization and demographic characteristics of their AIDS-related clients. When compared to AIDS surveillance statistics, home health care patients were more frequently of Hispanic ethnicity (21% vs. 9%), women (24% vs. 13%) and have I.V. drug use as their mode of transmission (27% vs. 16%). While demographic characteristics may vary between agencies (largely due to geographic location), resource needs are uniformly greater for AIDS-related clients. The average nursing visit to a PWA is reported to take 1.3 hours as compared to 45 minutes for other clients. A review of client payor source revealed that 68% of all cases were reimbursed through Medicaid.

The future impact of AIDS caseloads on the group of supplementally funded providers will continue to be evaluated. If you have any questions about individual programs or know of someone in need of services, you are encouraged to contact the agency in your area.

Boston VNA 577-7900 X250  
Provincetown Home Health 487-1864  
VNA of Central Mass. 756-7176  
VNA Home Care and Hospice Inc. 686-1010

Hospice West 894-1100  
VNA of Cambridge 547-2620  
VNA of Greater Lynn 598-2454  
VNA of Pioneer Valley (413) 781-5070

# CALENDAR

Thursday, July 14 AIDS Networking Breakfast, 8:00 am, Club Cafe,  
Columbus Avenue at East Berkley Street, Boston.

Wednesday-Sunday  
July 13-17 Conference on Psychological Approaches to the  
Prevention of AIDS sponsored by the Vermont  
Conference on Primary Prevention of Psycho-  
pathology, University of Vermont, Burlington,  
VT. For information on registration, housing,  
or travel call 802-656-2088.

Wednesday, July 20 "Latinos and AIDS: A Community Responds", 9 am  
to 4 pm, Royal Western Plaza Hotel, Marlboro,  
MA. Registration \$10. Space limited. Spon-  
sored by Hispanic Office of Planning and Eval-  
uation. For information, call Rodolfo Vasquez,  
at 617-442-9401.

## ANNOUNCEMENTS

Inquilinos Boricuas en Accion (IBA) has positions available for bilingual phone counselors on the new Latino AIDS Hotline. Interested individuals should send a resume and cover letter to Nadine Beck, IBA, 405 Shawmut Avenue, Boston, MA, 02118. Telephone 617-770-7594.

The AIDS Education Program of the Massachusetts Department of Education has the following consultant opportunities: full-time AIDS health educator, full-time administrative assistant for health ed/scholarship coordination. For further information contact Gregory Gazaway, Massachusetts Dept. of Education, Quincy, MA, telephone 617-770-7594.

Positions Available: Regional AIDS Education Coordinators are needed to extend the Department of Public Health's program activities in the Northeast and Western regions. In addition, the position of AIDS Resource Developer for the Northeast region is open to candidates with four years social work or social casework experience. Priority will be given to individuals who demonstrate familiarity with agencies and services in the Merrimack Valley area. Send resume and letter indicating interest in education or resource development to Heidi Hunt, AIDS Program, Mass. Center for Disease Control, 305 South St., Jamaica Plain, MA 02130.

### A Publication of the AIDS Surveillance Program

George R. Seage III  
Laurie Kunches

Jeanne Day  
Beverly Heinze-Lacey

Stephanie Oddleifson  
Laurie Makarewicz

Boston Department of Health and Hospitals  
House Officers Building, Room 321  
818 Harrison Avenue  
Boston, MA 02118





# AIDS NEWSLETTER



a monthly publication from the  
Massachusetts Department of Public Health/Boston Department of Health and Hospitals

Vol. 4

July, 1988

No. 7

NOV 29 1988

## UPDATE

Seventy-seven new cases were reported to the AIDS Surveillance Program during the month of July, yielding the highest monthly total to date. Five of these new cases were in women, bringing our cumulative total of AIDS cases in Massachusetts female residents to 136. The rate per 100,000 population for this group is 4.5, which is just slightly less than the corresponding national rate of 4.9 per 100,000.

## CUMULATIVE AIDS CASES BY INSTITUTION AND YEAR OF REPORT

Institution	as of 7/01/87		as of 7/01/88	
	No.	(%)	No.	(%)
Baystate Medical Center	27	(3)	43	(3)
Berkshire Medical Center	4	(0)	9	(1)
Beth Israel Hospital	75	(8)	132	(8)
Boston City Hospital	64	(7)	135	(8)
Brigham & Women's Hospital	58	(6)	123	(8)
Cambridge Hospital	9	(1)	10	(1)
Cape Cod Hospital	7	(1)	11	(1)
Carney Hospital	16	(2)	23	(1)
Charlton Memorial Hospital	5	(0)	12	(1)
Children's Hospital	14	(2)	24	(2)
Faulkner Hospital	6	(1)	10	(1)
Fenway Community Health Plan	9	(1)	19	(1)
Harvard Community Health Plan	28	(3)	48	(3)
Lahey Clinic	24	(3)	33	(2)
Lemuel Shattuck Hospital	20	(2)	33	(2)
Massachusetts General Hospital	134	(14)	200	(13)
Mt. Auburn Hospital	22	(2)	36	(2)
New England Deaconess Hospital	229	(24)	288	(18)
New England Medical Center	39	(4)	58	(4)
Newton-Wellesley Hospital	8	(1)	11	(1)
Quincy City Hospital	5	(1)	6	(0)
St. Elizabeth's Hospital	12	(1)	19	(1)
St. Luke's Hospital	5	(0)	18	(1)
University Hospital	27	(3)	42	(3)
Univ. of Mass Medical Center	11	(1)	36	(2)
V.A. Medical Center	19	(2)	38	(2)
Worcester Memorial	8	(1)	17	(1)
Other Boston Hospitals	4	(0)	10	(1)
Other Non-Boston Hospitals	66	(7)	155	(9)
TOTAL	955	(100)	1599	(100)

# AIDS SURVEILLANCE SUMMARY: STATE AND NATIONAL COMPARISONS

Total Cases as of 6/30/88	Massachusetts		United States	
	(1,599)*		(65,780)	
	No.	(%)	No.	(%)
<b>Residence</b>				
City of Boston	680	(42)		
**Remainder SMSA	366	(23)		
Remainder State	381	(24)		
Subtotal	1427			
Out-of-State	172	(11)		
<b>Transmission Categories (Adults)</b>				
	1,569		64,731	
Homosexual/Bisexual Male	992	(63)	40,739	(63)
I.V. Drug User	253	(16)	12,189	(19)
Homosexual Male/I.V. Drug User	67	(4)	4,791	(7)
Hemophilia	26	(2)	622	(1)
Heterosexual Cases***	137	(9)	2,694	(4)
Transfusion Blood/Components	54	(3)	1,626	(3)
None of the Above	40	(3)	2,070	(3)
<b>Transmission Categories (&lt;13 yrs)</b>				
	30		1,049	
Parent with AIDS/at risk for AIDS	23	(77)	814	(78)
Hemophilia	2	(7)	60	(6)
Transfusion, Blood/Components	5	(17)	136	(13)
None of the above	0	(0)	39	(4)
<b>Primary Diagnosis (hierarchical order)</b>				
Pneumocystis carinii Pneumonia	968	(61)	40,244	(61)
Other Opportunistic Diseases	443	(28)	19,115	(29)
Kaposi's Sarcoma	188	(12)	6,421	(10)
<b>Sex</b>				
Male	1,436	(90)	60,074	(91)
Female	163	(10)	5,706	(9)
<b>Condition</b>				
Alive	823	(51)	28,585	(43)
Dead	776	(49)	37,195	(57)
<b>Race</b>				
White	1,133	(71)	38,501	(59)
Black	311	(19)	17,110	(26)
Hispanic	142	(9)	9,554	(15)
Other/Unknown	13	(1)	615	(1)
<b>Age</b>				
Under 13	30	(2)	1,049	(1)
13-19	9	(1)	273	(0)
20-29	342	(21)	13,643	(21)
30-39	774	(48)	30,444	(46)
40-49	311	(19)	13,649	(21)
over 49	133	(8)	6,722	(10)

\*Includes 151 cases meeting the revised case definition.

\*\*Refers to the Standard Metropolitan Statistical Area within Rte 495.

\*\*\*Includes 49 persons who have had heterosexual contact with high risk individuals and 88 persons born in countries in which heterosexual transmission is believed to play a major role.

## 1988 INTERNATIONAL CONFERENCE ON AIDS

The World Health Organization's Fourth Annual International Conference on AIDS was held this year during the week of June 12-16. Thousands converged in Stockholm, Sweden to make this the best attended international AIDS conference to date. The Massachusetts Department of Public Health (MDPH) and the Boston Department of Health and Hospitals (BDHH) were well represented at this event. Several staff members currently involved in AIDS research and education presented poster sessions on selected projects.

Gilbert White, an AIDS educator with MDPH, offered an evaluation of a National Institute of Drug Abuse AIDS training workshop. In this project, substance abuse counselors and related staff have been trained in a collaborative effort between MDPH AIDS Program staff and other Massachusetts health educators. Training has focused on confronting counselors' attitudes toward HIV infection, and on expanding knowledge of barriers to behavior change. Evaluation indicates that the training has been outstandingly effective in meeting program objectives.

The poster presented by Janet Bath of the AIDS Program, MDPH, was a descriptive study of how to implement, structure, and format the AIDS "training of trainer" model for peer education. Participants, most of whom were health care providers or law enforcement officers, attended a total of three days of training. Post-training evaluation demonstrated that the majority of participants were prepared to effectively present AIDS information to their peers, and were able to access educational resources.

Shoshana Rosenfeld, of MDPH's AIDS Program, described in an oral presentation the results of a project designed to reach adolescents through team training of educators. In 1987-88 the Massachusetts Departments of Public Health and Education trained 350 professionals from 72 school systems across the state. Teams of five individuals from each school received instruction from experts in areas of sexuality, gay and lesbian youth, substance abuse, and minority issues. Evaluation shows that 77% of participants did offer AIDS educational programs post-training. There was also a 90% increase in the number of educators who believed that AIDS education should be taught within the context of sexuality education.

George Seage, BDHH AIDS Epidemiologist, presented data relevant to the role of laboratory parameters in HIV transmission. Studies presented by others at the conference have suggested that infectivity (transmission rates to others) was enhanced when the potential transmitter had significant HIV antigenemia, decreased T4 (helper) lymphocytes, or advanced clinical disease. However, in asymptomatic homosexual men, Seage and colleagues found no increase in transmission by those who yielded HIV virus on culture, or had p24 antigen or the corresponding antibody. Increased transmission was not related to depressed T4 (helper) lymphocytes but was related to elevated suppressor T lymphocytes. There was no decreased transmission when neutralizing antibody was present. The prospective nature of the ongoing studies will allow the findings to be compared to findings of other investigators and other study populations.

Another paper presented by George Seage evaluated the cost of treating AIDS over time at a number of hospitals. Yearly inpatient costs varied by institution (from \$42,517 to \$63,477) and were inversely related

to the number of AIDS patients treated. In the study population cost per patient-year peaked in mid-1984 and then decreased by more than 30% by early 1986. Costs at the time of diagnosis and death were highest.

For more detailed information about any of the above-mentioned studies please contact the AIDS Program, MDPH at 727-0368 or the AIDS Program, BDHH at 424-4749.

#### CALENDAR

Thursday, August 11

AIDS Networking Breakfast, 8:00 am,  
Club Cafe, Columbus Avenue at East  
Berkley Street, Boston

Wednesday, August 3

Adolescent AIDS Networking Breakfast,  
8:00 am, Club Cafe, Columbus Avenue at  
East Berkley Street. Boston. To be held  
the first Wednesday of every month. For  
more information call Shoshana Rosenfeld  
at 727-0368.

#### A Publication of the AIDS Surveillance Program

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# AIDS NEWSLETTER



a monthly publication from the  
Massachusetts Department of Public Health/Boston Department of Health and Hospitals

Vol. 4

August, 1988

No. 8

## UPDATE

Seventy-one new AIDS cases were reported to the Surveillance Program in the month of July. Massachusetts currently has the ninth largest number of actual AIDS cases in the nation and has held this position fairly consistently. When case rates per 100,000 population are calculated by state, (with data as of 7/1/88) the Massachusetts' rate of 24.9/100,000 is ranked eleventh. The only other New England state to have a higher rate is Connecticut at 26.4/100,000. Both of these rates are similar to the national rate of 29.0/100,000.

GOVERNMENT DOCUMENTS  
COLLECTION

NOV 29 1988

## MASSACHUSETTS RESIDENT CASES AND CUMULATIVE INCIDENCE RATES BY COUNTY

University of Massachusetts  
Depository Copy

COUNTY	NUMBER	%MA CASES	CASES PER MILLION
Barnstable	72	4.8	486.7
Berkshire	12	0.8	82.7
Bristol	55	3.7	115.9
Dukes	0	0.0	0.0
Essex	96	6.4	151.5
Franklin	4	0.3	62.2
Hampden	50	3.3	112.9
Hampshire	9	0.6	64.8
Middlesex	231	15.5	169.0
Nantucket	6	0.4	*
Norfolk	85	5.7	140.1
Plymouth	59	4.0	145.5
Suffolk	738	49.4	1135.1
Worcester	76	5.1	117.6
TOTAL	1493	100	260.2

\*Not representative of actual rate in a county with a small population.

## AIDS SURVEILLANCE SUMMARY: STATE AND NATIONAL COMPARISONS

Total Cases as of 7/31/88		Massachusetts (1,669)*		United States (69,366)	
		No.	(%)	No.	(%)
Residence					
City of Boston		708	(42)		
**Remainder SMSA		385	(23)		
Remainder State		400	(24)		
Subtotal 1493					
Out-of-State		176	(11)		
Transmission Categories (Adults)		1,638		68,258	
Homosexual/Bisexual Male		1,033	(63)	42,831	(63)
I.V. Drug User		270	(16)	13,008	(19)
Homosexual Male/I.V. Drug User		67	(4)	5,020	(7)
Hemophilia		27	(2)	658	(1)
Heterosexual Cases***		142	(9)	2,869	(4)
Transfusion Blood/Components		57	(3)	1,721	(3)
None of the Above		42	(3)	2,151	(3)
Transmission Categories (<13 yrs)		31		1,108	
Parent with AIDS/at risk for AIDS		24	(77)	861	(78)
Hemophilia		2	(6)	64	(6)
Transfusion, Blood/Components		5	(16)	142	(13)
None of the above		0	(0)	41	(4)
Primary Diagnosis (hierarchical order)					
Pneumocystis carinii Pneumonia		1,005	(60)	42,216	(61)
Other Opportunistic Diseases		473	(28)	20,575	(30)
Kaposi's Sarcoma		191	(11)	6,575	(9)
Sex					
Male		1,501	(90)	63,268	(91)
Female		168	(10)	6,098	(9)
Condition					
Alive		865	(52)	30,306	(44)
Dead		802	(48)	39,060	(56)
Race					
White		1,182	(71)	40,484	(58)
Black		325	(19)	18,115	(26)
Hispanic		149	(9)	10,122	(15)
Other/Unknown		13	(1)	645	(1)
Age					
Under 13		31	(2)	1,108	(1)
13-19		9	(1)	283	(0)
20-29		353	(21)	14,343	(21)
30-39		807	(48)	32,124	(46)
40-49		328	(19)	14,417	(21)
over 49		141	(8)	7,091	(10)

\*Includes 169 cases meeting the revised case definition.

\*\*Refers to the Standard Metropolitan Statistical Area within Rte 495.

\*\*\*Includes 53 persons who have had heterosexual contact with high risk individuals and 89 persons born in countries in which heterosexual transmission is believed to play a major role.

# Three-Session Group Program for HIV Antibody-Positive People

Although long-term emotional support groups remain important, many HIV antibody positive individuals do not seek this form of assistance. They may not be aware of what a support group has to offer, may be unwilling to commit for a contracted number of months, may find a drop-in group too unstable in membership or content, or may not feel ready to deal intensively with HIV-related issues. Those who have sought long-term groups often have had to wait many weeks for such a group to begin.

Accordingly, for people who have tested HIV antibody-positive, a program of monthly three-session groups is coordinated by Michael Gross of the Massachusetts Department of Public Health AIDS Program. The program format was developed by a consortium of private agencies providing AIDS services -- the AIDS Action Committee, Fenway Community Health Center, and the Gay and Lesbian Counseling Service -- collaborating with the Massachusetts Department of Public Health AIDS Program. This group continues to evaluate the program, and has begun to develop a training manual for prospective group leaders, and for use by AIDS service organizations in other states.

Sessions are led by a mental health clinician and a health educator. AIDS Action Committee mental health subcommittee members and other clinicians in communities outside Boston have volunteered their services as co-leaders of the groups. DPH AIDS Program counselors in Alternative Test Sites and Sexually Transmitted Disease clinics serve as health educators.

Groups currently meet in Boston, Northampton, Worcester, and Provincetown. Additional group programs are planned for the northeast and southeast regions of the Commonwealth.

## Goals

The model was designed to satisfy the following primary objectives:

- to respond to people quickly and with minimal barriers;
- to reach as many antibody positive individuals as possible;
- to offer support, decrease anxiety, reduce isolation;
- to provide consistent educational content;
- to further assess long-range psychosocial needs of the seropositive population;
- to expose a growing number of mental health providers to the issues faced by the seropositive population;
- to triage seropositive people to support groups and other community resources.

## Operation

In order to maintain some degree of confidentiality to prevent possible disruption, the group is not advertised. Also, names or other identifying information are not required. Participants are referred by counselors performing HIV testing in state-sponsored programs, private medical and mental health clinics, other treatment settings, and private medical practitioners.

The first session opens with a statement of ground rules (e.g., confidentiality) and brief introductions and then, in question and answer format, reviews medical basics of HIV seropositivity focusing on test protocols, the question of infectiousness, and prognosis. Group members talk about why they sought the antibody test, how they learned their test results, and how they feel about that information.

Session II focuses on the prevention of transmission. A discussion intended to clarify and reinforce risk reduction guidelines takes its cue from the questions group members pose and the worries they express. The tone of the group is intended to affirm the

sexuality of group members, which often is assaulted by news of their antibody status. The session focuses on how to negotiate safer sex effectively, and how to notify past partners, where appropriate, of their possible exposure.

Session III, on health maintenance, discusses the importance of periodic medical follow-up, qualities to look for in determining a health provider, personal health care, types of screening and testing that may be important (e.g., TB screening, syphilis testing), treatment options, and support groups and self-help programs in the community. Discussions usually center on members' feelings about health providers, confusion about treatment choices, and uncertainty about the significance of cofactors. Participants are offered a list of specific resources and referrals, and other printed materials concerning the topics covered by the program.

## Outcomes

At the start of the first session and close of the last one participants complete a psychological assessment coded by number. At the last session they also complete a written assessment of what was most and least useful and whether the group met their expectations. At each session leaders set aside time for group members to review the progress of the group and their feelings about it.

Group members have been remarkably uniform in their appreciation for the program. They most often cite the support gained from making contact with other people in the same situation -- for example, "When I understand that other people have similar responses I feel more accepting and willing to cope." Many participants say that they value the information about treatment options, medical follow-up and community resources.

For some participants the three-week format is their first



introduction to the benefits of group work. Persons who have participated in the three-session groups as an introduction to group support are said to enter long-term groups with a dramatically different state of mind and level of participation. Long-term behavioral risk reduction outcomes are difficult to assess, particularly because few group members acknowledged high risk practices in the months or year prior to learning their antibody status.

The group has, unexpectedly, been important for those spouses or

partners who sometimes accompany the HIV-positive members. A second unexpected outcome is the participation of people who had learned of their seropositive status a year or more before entering this group program. These participants have expressed interest in keeping abreast of new developments, re-examining whether to intervene more actively in maintaining their health, exploring investigational drug trials, or evaluating various wellness programs. Recent media reports of a more discouraging prognosis for HIV positive people

than had been suggested several years ago may be rekindling these concerns.

The planners of the program were not sure whether people with different histories and sources of exposure to HIV -- e.g., IV drug users and gay men, or men and women -- would feel comfortable together. But the reactions of dozens of participants have shown that the bonds of common experience seem more powerful than sociocultural differences.

### **Boston**

Meets first three Fridays of the month, 6-8 pm. Contact Michael Gross, (617) 522-3700, ext. 473 or (617) 350-3780.

### **Northampton**

Meets first three Thursdays of the

month, 6-8 pm. Contact Emily Fox, (413) 562-7583.

### **Provincetown**

Meets last three Saturdays of the month thru September 30, 9:30-11:30 am. Contact Michael Gross, (617) 522-3700, ext. 473

or (617) 350-3780; or Outer Cape Health Service (508) 487-9395.

### **Worcester**

Meets first three Wednesdays of the month, 6-8 pm. Contact Christine Brazauskas, (508) 799-2121.

## **Calendar**

### **Wednesday, September 3**

Adolescent AIDS Networking Breakfast, 8:00 am, Club Cafe, Columbus Avenue at East Berkeley Street, Boston. To be held the first Wednesday of every month. For more information, call Shoshana Rosenfeld, (617) 727-0368.

### **Thursday, September 8**

AIDS Networking Breakfast, 8:00 am, Club Cafe, Columbus Avenue at East Berkeley Street, Boston.

### **A Publication of the AIDS Surveillance Program**

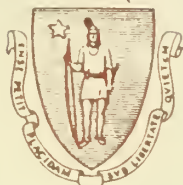
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# AIDS NEWSLETTER



a monthly publication from the  
Massachusetts Department of Public Health/Boston Department of Health and Hospitals

Vol. 4

September, 1988

No. 9

## UPDATE

Seventy-seven new cases were reported to the AIDS Surveillance Program during the month of August, including three cases identified retrospectively from death certificates. To date, 48 cases of previously unreported AIDS have been found through systemic review of deaths occurring in Massachusetts. Eighteen of these patients were reported to have died in 1987, representing 7% of all of the AIDS deaths (253) that occurred in that year.

## CUMULATIVE AIDS CASES BY INSTITUTION AND YEAR OF REPORT

Institution	as of 8/31/87		as of 8/31/88	
	No.	(%)	No.	(%)
Baystate Medical Center	28	(3)	45	(3)
Berkshire Medical Center	4	(0)	9	(1)
Beth Israel Hospital	81	(8)	144	(8)
Boston City Hospital	70	(7)	148	(8)
Brigham & Women's Hospital	65	(6)	128	(7)
Cambridge Hospital	11	(1)	12	(1)
Cape Cod Hospital	5	(0)	11	(1)
Carney Hospital	16	(2)	23	(1)
Charlton Memorial Hospital	6	(1)	12	(1)
Children's Hospital	17	(2)	24	(1)
Faulkner Hospital	6	(1)	12	(1)
Fenway Community Health Center	10	(1)	24	(1)
Harvard Community Health Plan	34	(3)	52	(3)
Lahey Clinic	24	(2)	36	(2)
Lemuel Shattuck Hospital	23	(2)	40	(2)
Massachusetts General Hospital	141	(14)	216	(13)
Mercy Hospital	5	(0)	5	(0)
Mt. Auburn Hospital	24	(2)	39	(2)
New England Deaconess Hospital	244	(24)	308	(18)
New England Medical Center	40	(4)	69	(4)
Newton-Wellesley Hospital	8	(1)	11	(1)
Quincy City Hospital	5	(1)	7	(0)
St. Elizabeth's Hospital	12	(1)	25	(1)
St. Luke's Hospital	5	(0)	21	(1)
University Hospital	28	(3)	44	(3)
Univ. of Mass Medical Center	13	(1)	39	(2)
V.A. Medical Center	22	(2)	41	(2)
Worcester City	5	(0)	6	(0)
Worcester Memorial	8	(1)	17	(1)
Other Boston Hospitals	8	(1)	23	(1)
Other Non-Boston Hospitals	66	(6)	155	(9)
<b>TOTAL</b>	<b>1034</b>	<b>(100)</b>	<b>1746</b>	<b>(100)</b>

## AIDS SURVEILLANCE SUMMARY: STATE AND NATIONAL COMPARISONS

Total Cases as of 8/31/88	Massachusetts (1,746)*		United States (72,645)	
	No.	(%)	No.	(%)
<b>Residence</b>				
City of Boston	736	(42)		
**Remainder SMSA	406	(23)		
Remainder State	421	(24)		
Subtotal	1563			
Out-of-State	183	(11)		
<b>Transmission Categories (Adults)</b>				
	1,713		71,491	
Homosexual/Bisexual Male	1,094	(64)	44,734	(63)
I.V. Drug User	278	(16)	13,775	(19)
Homosexual Male/I.V. Drug User	70	(4)	5,206	(7)
Hemophilia	27	(2)	687	(1)
Heterosexual Cases***	145	(8)	3,011	(4)
Transfusion Blood/Components	58	(3)	1,805	(3)
None of the Above	41	(3)	2,273	(3)
<b>Transmission Categories (&lt;13 yrs)</b>				
	33		1,154	
Parent with AIDS/at risk for AIDS	26	(77)	899	(78)
Hemophilia	2	(6)	66	(6)
Transfusion, Blood/Components	5	(16)	152	(13)
None of the above	0	(0)	37	(3)
<b>Primary Diagnosis (hierarchical order)</b>				
Pneumocystis carinii Pneumonia	1,050	(60)	44,099	(61)
Other Opportunistic Diseases	496	(28)	21,780	(30)
Kaposi's Sarcoma	200	(11)	6,766	(9)
<b>Sex</b>				
Male	1,573	(90)	66,220	(91)
Female	173	(10)	6,425	(9)
<b>Condition</b>				
Alive	906	(52)	31,656	(44)
Dead	840	(48)	40,989	(56)
<b>Race</b>				
White	1,240	(71)	42,231	(58)
Black	337	(19)	19,075	(26)
Hispanic	156	(9)	10,679	(15)
Other/Unknown	13	(1)	660	(1)
<b>Age</b>				
Under 13	33	(2)	1,154	(1)
13-19	10	(1)	291	(0)
20-29	364	(21)	15,004	(21)
30-39	848	(49)	33,624	(46)
40-49	345	(20)	15,134	(21)
over 49	146	(8)	7,438	(10)

\*Includes 180 cases meeting the revised case definition.

\*\*Refers to the Standard Metropolitan Statistical Area within Rte 495.

\*\*\*Includes 55 persons who have had heterosexual contact with high risk individuals and 90 persons born in countries in which heterosexual transmission is believed to play a major role.

## CDC UPDATE: UNIVERSAL PRECAUTIONS

In June of 1988, the CDC published a document entitled "Update: Universal Precautions for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and other Blood-borne Pathogens in Health-Care Settings" (MMWR 1988:37:377-383). This publication updated and clarified the most frequently asked questions that had arisen in the interval since the August 1987 publication that first addressed these issues (MMWR 1987:36 (suppl no 25)). What follows is an attempt to summarize the most important points presented in this update.

1. "Universal Precautions" apply to blood and other "body fluids" containing visible blood. More specifically, these precautions apply to tissues and the following fluids: cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic. Additionally, universal precautions apply to semen and vaginal secretions even though these fluids have not been implicated in occupational transmission of HIV and HBV in the health care setting.

Universal precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine and vomitus, unless they contain visible blood. Nor do they apply to saliva or breast milk, except in special settings such as dentistry and breast milk banking.

2. Protective barriers can prevent the contamination of

skin and mucous membranes with infective body fluids. Such barriers include gloves, gown, masks, and protective eyewear. The type of barrier precaution should be appropriate for the anticipated exposure. Use of such barriers does not negate the need to follow longstanding, routine infection control procedures such as handwashing, nor can barriers prevent punctures caused by needles or sharp objects. Therefore caution must be taken when using and disposing of "sharps": ideally, puncture resistant containers should be located in all use areas.

3. Use of gloves for phlebotomy can reduce the probability of hand contamination with blood-borne pathogens. Even if contact of intact skin with infective blood does occur, the risk of HIV infection is judged to be much less than the 0.5% risk after needlestick exposure. Certain institutions with a known low prevalence of blood-borne pathogens may feel that routine gloving for all phlebotomies is unnecessary. However, gloves should be available to those who choose to wear them and should be worn in the following situations: when the health care worker has cuts or abrasions on the hands; when training in phlebotomy; when performing finger/heel sticks on children; when judgement dictates that contamination may occur (i.e. when dealing with an uncooperative patient).

4. Medical gloves such as sterile surgical or nonsterile examination gloves are regulated by the FDA. Intact vinyl gloves have been shown to be as effective as intact latex gloves, which are more expensive and in short supply. Therefore, when selecting gloves for a given situation, the only consideration need be their intended use. Important points regarding glove use are: change gloves between patient contact; do not wash or disinfect surgical or examination gloves for reuse (glove materials may lose their structural integrity); for housekeeping chores that involve potential blood contact, and for instrument cleaning and decontamination use general purpose utility gloves (e.g. rubber household gloves). Utility gloves may be reused if they are not peeling, cracked, or discolored.

5. Policies for management of infective wastes are determined by institutions and the federal and state agencies that regulate them. Existing policies for waste management need not be modified by universal precautions.

6. Additional category- or disease-specific isolation precautions should still be used in the presence of certain diseases transmitted by respiratory or fecal-oral contact (such as pulmonary tuberculosis or infectious diarrhea)



## CALENDAR

Wednesday, October 5      Adolescent AIDS Networking Breakfast, 8:00 am, Club Cafe, Columbus Avenue at East Berkley Street, Boston. To be held the first Wednesday of every month. For more information, call Shoshana Rosenfeld, (617) 727-0368.

Friday, October 7      "Infection Control in the 80's: Protecting the Health Care Worker". A live interactive satellite program, 2:30-4:30 pm, Amphitheater 2, University of Massachusetts Medical Center, Worcester, MA. Registration is free. However, advanced reservations are required by calling the UMASS Infection Control Department at (508) 856-3293.

Thursday, October 13      AIDS Networking Breakfast, 8:00 am, Club Cafe, Columbus Avenue at East Berkley Street, Boston.

Abt Associates of 55 Wheeler St. in Cambridge, in collaboration with the AIDS Action Committee, will be offering a series of seminars for various types of health professionals. The series, entitled "Building Professional Skills to Work with AIDS Patients", will be comprehensive, and will cover such topics as epidemiology, risk reduction, infection control, and psycho-social issues. Contact persons for registration are Vince Scardino and Polly Cahill at 492-7100. The schedule for the first of these sessions is as follows:

Wednesday, October 26      Four session program for pastoral counselors. Registration fee is \$20.

Monday, October 31      Six session program for nurses. Registration fee is \$20.

Tuesday, November 8      Four session program for home-health aides and hospice workers. Registration fee is \$15.

### A Publication of the AIDS Surveillance Program

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# AIDS NEWSLETTER



a monthly publication from the  
Massachusetts Department of Public Health/Boston Department of Health and Hospitals

Vol. 4

October, 1988

No. 10

## UPDATE

Fifty-eight AIDS cases were reported to the Surveillance Program during the month of September.

The 1988 observance of National Infection Control Week occurred during October 16-22. In honor of this, the Massachusetts Department of Public Health/Boston Department of Health and Hospitals AIDS Surveillance Program staff would like to publicly acknowledge the contributions to AIDS case reporting made by the Infection Control Practitioners (ICPs) at

Massachusetts health care institutions. The existing AIDS surveillance system in Massachusetts is predominantly hospital-based and relies heavily upon ICPs to coordinate case reporting in their institutions. The continued cooperation of these key individuals is essential to maintain the accuracy of the surveillance data. Therefore, a very sincere thank you is extended to those infection control professionals who have in some manner been involved in the reporting of AIDS cases.

## MASSACHUSETTS RESIDENT CASES

### AND CUMULATIVE INCIDENCE RATES BY COUNTY

COUNTY	NUMBER	%MA CASES	CASES PER MILLION
Berkshire	14	0.9	96.5
Bristol	60	3.7	126.4
Cape and Islands	86	5.3	531.0
Essex	105	6.5	165.7
Franklin	4	0.2	62.2
Hampden	53	3.3	119.6
Hampshire	9	0.6	64.8
Middlesex	253	15.7	185.1
Norfolk	95	5.9	156.6
Plymouth	63	3.9	155.4
Suffolk	789	48.9	1213.6
Worcester	82	5.1	126.9
TOTAL	1613	100	281.2

# AIDS SURVEILLANCE SUMMARY: STATE AND NATIONAL COMPARISONS

Total Cases as of 9/30/88		Massachusetts (1,803)*		United States (74,809)	
		No.	(%)	No.	(%)
<b>Residence</b>					
City of Boston		758	(42)		
**Remainder SMSA		421	(23)		
Remainder State		434	(24)		
Subtotal		1613			
Out-of-State		190	(11)		
<b>Transmission Categories (Adults)</b>					
		1,769		73,621	
Homosexual/Bisexual Male		1,125	(64)	46,004	(62)
I.V. Drug User		288	(16)	14,238	(19)
Homosexual Male/I.V. Drug User		73	(4)	5,330	(7)
Hemophilia		29	(2)	703	(1)
Heterosexual Cases***		151	(9)	3,134	(4)
Transfusion Blood/Components		60	(3)	1,860	(3)
None of the Above		43	(2)	2,352	(3)
<b>Transmission Categories (&lt;13 yrs)</b>					
		34		1,188	
Parent with AIDS/at risk for AIDS		27	(79)	927	(78)
Hemophilia		2	(6)	70	(6)
Transfusion, Blood/Components		5	(15)	154	(13)
None of the above		0	(0)	37	(3)
<b>Primary Diagnosis (hierarchical order)</b>					
Pneumocystis carinii Pneumonia		1,086	(60)	45,319	(61)
Other Opportunistic Diseases		510	(28)	22,615	(30)
Kaposi's Sarcoma		207	(11)	6,875	(9)
<b>Sex</b>					
Male		1,619	(90)	68,144	(91)
Female		184	(10)	6,665	(9)
<b>Condition</b>					
Alive		933	(52)	32,667	(44)
Dead		870	(48)	42,142	(56)
<b>Race</b>					
White		1,280	(71)	43,447	(58)
Black		350	(19)	19,707	(26)
Hispanic		160	(9)	10,979	(15)
Other/Unknown		13	(1)	676	(1)
<b>Age</b>					
Under 13		34	(2)	1,188	(1)
13-19		11	(1)	301	(0)
20-29		376	(21)	15,453	(21)
30-39		875	(49)	34,609	(46)
40-49		360	(20)	15,603	(21)
over 49		147	(8)	7,655	(10)

\*Includes 190 cases meeting the revised case definition.

\*\*Refers to the Standard Metropolitan Statistical Area within Rt

\*\*\*Includes 55 persons who have had heterosexual contact with high risk individuals and 90 persons born in countries in which heterosexual transmission is believed to play a major role.





# AIDS NEWSLETTER



a monthly publication from the

Massachusetts Department of Public Health/Boston Department of Health and Hospitals

Vol. 4

November, 1988

No. 11

## UPDATE

Sixty-eight AIDS cases were reported to the Surveillance Program during the month of October. This brings the number of Massachusetts resident cases diagnosed thus far in 1988 to 424; of these, 347 have met the old (pre-'87) case definition.

Projection modeling recently performed by program staff indicates that the number of old definition cases expected to be diagnosed in all of 1988 is 590. In the past several years a straight line regression model has proved fairly accurate in making longer term projections. If these future projections are

not thrown off by the changing mix of cases in the major risk groups, (i.e. increases in IVDU and some levelling off of gay males) the model suggests the following total numbers of new cases for '89, '90, '91, and '92; 692, 812, 932, and 1052 respectively. These estimates reflect cases meeting the old case definition. When an additional 11% is added to account for the influence of the 1987 revised case definition, we see that 6,000 cumulative cases are expected by the end of 1992.

### CUMULATIVE AIDS CASES BY INSTITUTION AND YEAR OF REPORT

Institution	as of 10/31/87		as of 10/31/88	
	No.	(%)	No.	(%)
Baystate Medical Center	32	(3)	48	(3)
Berkshire Medical Center	4	(0)	11	(1)
Beth Israel Hospital	86	(8)	149	(8)
Boston City Hospital	77	(7)	161	(9)
Brigham & Women's Hospital	79	(7)	133	(7)
Cambridge Hospital	9	(1)	12	(1)
Cape Cod Hospital	7	(1)	11	(1)
Carney Hospital	13	(1)	23	(1)
Charlton Memorial Hospital	9	(1)	13	(1)
Children's Hospital	18	(2)	26	(1)
Faulkner Hospital	6	(1)	15	(1)
Fenway Community Health Center	11	(1)	27	(1)
Harvard Community Health Plan	34	(3)	55	(3)
Lahey Clinic	26	(2)	39	(2)
Lemuel Shattuck Hospital	27	(2)	43	(2)
Massachusetts General Hospital	150	(13)	234	(13)
Mercy Hospital	5	(0)	5	(0)
Mt. Auburn Hospital	26	(2)	39	(2)
New England Deaconess Hospital	248	(22)	333	(18)
New England Medical Center	46	(4)	71	(4)
Newton-Wellesley Hospital	8	(1)	12	(1)
Quincy City Hospital	5	(1)	8	(0)
St. Elizabeth's Hospital	13	(1)	26	(1)
St. Luke's Hospital	9	(0)	22	(1)
University Hospital	32	(3)	45	(3)
Univ. of Mass Medical Center	16	(1)	42	(2)
V.A. Medical Center	25	(2)	44	(2)
Worcester City	5	(0)	6	(0)
Worcester Memorial	8	(1)	19	(1)
Other Boston Hospitals	4	(1)	23	(1)
Other Non-Boston Hospitals	92	(6)	176	(9)
TOTAL	1130	(100)	1871	(100)

# AIDS SURVEILLANCE SUMMARY: STATE AND NATIONAL COMPARISONS

Total Cases as of 10/31/88		Massachusetts (1,871)*		United States (76,932)	
		No.	(%)	No.	(%)
<b>Residence</b>					
City of Boston		787	(42)		
**Remainder SMSA		438	(23)		
Remainder State		454	(24)		
Subtotal		1679			
Out-of-State		192	(10)		
<b>Transmission Categories (Adults)</b>					
		1,836		75,714	
Homosexual/Bisexual Male		1,164	(63)	47,068	(62)
I.V. Drug User		305	(17)	14,844	(20)
Homosexual Male/I.V. Drug User		76	(4)	5,464	(7)
Hemophilia		29	(2)	720	(1)
Heterosexual Cases***		156	(8)	3,271	(4)
Transfusion Blood/Components		62	(3)	1,914	(3)
None of the Above		44	(2)	2,433	(3)
<b>Transmission Categories (&lt;13 yrs)</b>					
		35		1,218	
Parent with AIDS/at risk for AIDS		28	(80)	948	(78)
Hemophilia		2	(6)	74	(6)
Transfusion, Blood/Components		5	(14)	160	(13)
None of the above		0	(0)	36	(3)
<b>Primary Diagnosis (hierarchical order)</b>					
Pneumocystis carinii Pneumonia		1,124	(60)	46,382	(60)
Other Opportunistic Diseases		535	(29)	23,540	(31)
Kaposi's Sarcoma		212	(11)	7,010	(9)
<b>Sex</b>					
Male		1,679	(90)	69,988	(91)
Female		192	(10)	6,944	(9)
<b>Condition</b>					
Alive		991	(53)	33,755	(44)
Dead		880	(47)	43,177	(56)
<b>Race</b>					
White		1,326	(71)	44,435	(58)
Black		366	(20)	20,246	(26)
Hispanic		165	(9)	11,543	(15)
Other/Unknown		14	(1)	708	(1)
<b>Age</b>					
Under 13		35	(2)	1,218	(1)
13-19		11	(1)	311	(0)
20-29		392	(21)	15,901	(21)
30-39		905	(48)	35,572	(46)
40-49		374	(20)	16,057	(21)
over 49		154	(8)	7,873	(10)

\*Includes 201 cases meeting the revised case definition.

\*\*Refers to the Standard Metropolitan Statistical Area within Rte 495.

\*\*\*Includes 59 persons who have had heterosexual contact with high risk individuals and 97 persons born in countries in which heterosexual transmission is believed to play a major role.

# MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

## COUNSELING AND TESTING PROGRAMS:

### RESULTS OF HIV ANTIBODY TESTING

The Massachusetts Alternate Test Site (ATS) Program was established in April 1985 to provide counseling and anonymous HIV antibody testing for persons who perceive themselves to be at increased risk for HIV infection. Currently, 18 ATS sites are in operation statewide. Appointments are scheduled in advance at 16 sites; walk-in appointments are available at 2 sites. Beginning in June 1987, confidential, voluntary HIV antibody testing was offered to Sexually Transmitted Disease (STD) clinic patients and is now available at 14 clinics statewide. All STD clinic patients receive an AIDS educational brochure and HIV testing information from an STD clinic staff member.

Clients who seek antibody testing at either the STD clinic or the ATS program are asked to complete an anonymous self-administered questionnaire. The questions relate to demographic data and activities that are

associated with risk for acquiring HIV. Data from these surveys are linked by code number with results of HIV antibody testing.

From July 1, 1987 through July 31, 1988 (the first 13 months that both ATS and STD services were available), 4,972 ATS clients were tested; of these, 64% were male, 90% were white, and 70% were between the ages of 18 and 35. The STD clinics tested 2,143 clients, of which 68% were male, 74% were white, and 76% were between the ages of 18 and 35. Seroprevalence rates for STD patients were slightly higher (9%) than for ATS clients (7%).

As illustrated in the following table, self-reported behavioral risk factors among STD patients were similar to those in clients receiving anonymous testing at ATS. However, category-specific HIV seropositivity rates for STD patients were approximately double those of ATS clients.

Risk Behavior	ATS Clients			STD Clients		
	No. Tested	(%)	HIV+	No. Tested	(%)	HIV+
Homosexual Male	1358	(28)	16%	312	(15)	29%
Bisexual Male	517	(10)	7%	150	(7)	13%
IV Drug User	479	(10)	10%	263	(12)	24%
Heterosexual Partner*	802	(16)	1%	514	(24)	3%
Blood Product	120	(2)	3%	34	(2)	0%
Other/Low Risk**	1568	(32)	1%	628	(29)	1%
None stated	118	(2)	6%	242	(11)	2%
All	4972	(100)		2143	(100)	

- \* Clients stated they were heterosexual partners to persons at risk for AIDS.
- \*\* Other/Low risk includes clients not in any of the above risk categories (prenatal/premarital concerns, multiple heterosexual partners, health care workers, etc.)

Comparison of the results of HIV testing and counseling in STD clinics to the experience of the ATS Program illustrates the importance of targeting prevention activities to STD patients. Integration of HIV counseling and testing into

settings not exclusively devoted to or identified with AIDS would improve accessibility of AIDS prevention activities for hard-to-reach population segments.

#### TESTING INFORMATION:

ATS Program office-(617) 522-4090, Monday through Friday, 8am - 6pm.

STD information/HIV testing can be obtained by calling the Massachusetts Department of Public Health STD Disease Control Program at (617)522-3700 ext. 408, or Operation Venus at 1-800-272-2577.



# CALENDAR

## WEDNESDAY, JANUARY 4

Adolescent AIDS Networking Breakfast, 8:00 am, Club Cafe, Columbus Avenue at East Berkley Street, Boston. To be held the first Wednesday of every month. For more information call Shoshana Rosenfeld, (617) 727-0368.

## THURSDAY, JANUARY 12

AIDS Networking Breakfast, 8:00 am Club Cafe, Columbus Avenue at East Berkley Street, Boston.

## PROFESSIONAL TRAINING

JSI Research and Training, with funds from the National Institute of Mental Health, will offer skill building workshops throughout New England on the psychosocial aspects of AIDS. These workshops target various health care professionals in the region. The January schedule follows:

January 11, 12, Northampton Hilton  
Northampton, MA

This two day workshop co-sponsored by the Department of Mental Health is a train-the-trainer model for mental health workers. The workshop will focus on care and counseling techniques, stress reduction, care for the caregiver, and speaking skills. Registration fee: \$70.00.

## January 27, 28, Lowell Hilton, Lowell, MA

This one and one-half day workshop is for rape treatment and crisis intervention counselors. The workshop will focus on increasing AIDS knowledge, developing skill in care, risk assessment, HIV antibody testing and counseling, and making appropriate referral for services. Registration fee: \$25.00.

For further information on these and other NIMH workshops, please contact Steve Wroblewski, (617) 482-9485.

## ANNOUNCEMENT:

The AIDS ACTION Committee of Massachusetts announces the beginning of the RFP process to determine recipients of the proceeds from FROM ALL WALKS OF LIFE '89. This year, FROM ALL WALKS OF LIFE '88 raised over \$1.3 million. Half of the net proceeds, \$567,000, was distributed to 17 AIDS service organizations to further assist them in providing quality services to all segments of the population affected by AIDS. If you do not receive an RFP application by the beginning of December, and would like to be considered for funding, please contact Richard Giglio, c/o AIDS ACTION Committee, 131 Clarendon St., Boston, MA, 02116 or call (617) 437-6200 ext 251.

## IMPORTANT NOTE:

Beginning in January, 1989, the AIDS NEWSLETTER staff will be using the new mailing list generated from reader response forms sent in the May issue.

If you did not send in a response form and wish to continue receiving the newsletter, please send your name and address on a postcard to: Annette Forbes, Third Floor, House Officers Building, 818 Harrison Avenue, Boston, MA 02118.

## A Publication of the AIDS Surveillance Program

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